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THE WAR

At the present time, when our thoughts are constantly with those who, in Europe, are waging such a war as has never been known in the whole history of mankind, it might prove of interest to the readers of The Canadian Nurse to consider a little of how the sick and wounded in war time have been attended to during the ages, how the work of attending them has developed, and also what part war has played in the development of surgical science.

Into the "why and wherefore" of this war this is not the place to enquire, and while it seems unthinkable that the insane ambition of one man, or one party, should plunge so many people into such a desperate struggle, should cause such rivers of blood to flow, such holocausts of innocents slain, such suffering among women and children, that is too appalling to contemplate coolly! Yet we must trust that "somehow good will be the final goal of ill"! Here we only see part of the plan, therefore our perspective is necessarily faulty. We must realize that we are all just a piece of a whole, and that this "whole" is before the Designer as a perfect and complete plan, and we, as individuals, have our parts to play in that plan, just as the smallest cog-wheel has in a piece of machinery. The wounded soldier groaning on those awful fields! The bereaved mothers, wives, and children! Ay! the total sum of misery which has been since the Beginning— the "whole creation groaning and travailing together." Surely each individual pain or grief that touches each individual soul is just the discipline that that individual soul requires at that particular stage of its development. Perhaps we make too much of life and the dignity of life, not realizing how small a thing is an individual earthly life.

I cannot help thinking that if we can only realize that there is a "Perfect Design," and that each pain or grief that touches each soul is really the moulding of that soul so that it will finally fit into its place in the Design, those puzzles which now oppress us will be solved, the seeming discrepancies will be reconciled.

I hope this digression will be excused, but I feel that we are all moved in our innermost selves by this stupendous Thing that has come to us, and that there is not one of us who is not asking, and asking "Why?"!

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From the time that the first mother cared for her child, the desire to succour the weak and helpless was implanted in the human breast. There is little doubt that even prehistoric woman cared for her lord and master when he lay stricken by a blow from a club in some tribal warfare; binding up his wounds, fomenting them with some healing decoction of herbs, tempting his appetite with a savory iesyothaurus or diplodoccus stew, and attending generally to her invalid's comfort. Skill in stanching blood, extracting arrow heads, binding up wounds, supporting broken limbs by splints, etc., has been necessary in all ages and countries.

In ancient Greece patients came from far distant places to the temples dedicated to Aesculapius, the "god of medicine," to place themselves under the care of the priest-physicians, by whom an elaborate religious ritual was performed as part of the cure. One of the debts medicine and surgery owe to warfare is that of divorcing their practice from priestcraft, and so widening and enlarging their borders in a way that would never have been possible if they had remained tied and bound and warped by the vestments of superstition. Unfortunately, both record and history are silent for many centuries on this subject, though there is evidence in Ceylon of a hospital having been in existence there as early as 500 B.C. Historians state that by the ancient Aztecs of Mexico, a civilization that was old when our ancestors were wearing woad and the skins of wild animals, provision was made for their sick and indigent; and during the Roman Empire hospitals were established in all large cities.

In India, at the time of the invasion of Alexander the Great, the Aryan races possessed skilled practitioners in both medicine and surgery, indeed, a splint described along with many other surgical instruments, in treatises written by these ancient practitioners, is even now in use in the British army, and known as the "rattan cane splint." These treatises, of which a translation has been made from the original Sanscrit in which they were written, form fascinating reading; they are ascribed to two individuals, Charaka and Susruta. Susruta describes more than 100 surgical instruments of steel. Fractures were diagnosed by crepitus, and dislocations elaborately classified. Wounds were divided into incised, punctured, lacerated, contused, etc. Cuts were sewn up; foreign bodies were skilfully extracted, the magnet being used (as it is in this present war) for iron particles. Venesection was practised; leeching, cupping, poulticing, and fomenting were done. Amputations were performed, boiling oil being applied to the stumps to control haemorrhage, which drastic treatment was in practice more than 2,000 years later, in the days of Nelson.

In Egypt, also, surgery had reached a comparatively high mark, some of the bas reliefs in the tombs and temples showing men, presum-

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ably soldiers, as many of these bas reliefs commemorate military triumphs, bandaged and patched up in various ways; and numerous surgical instruments that have been found in the tombs are now exhibited in museums.

Homer, who wrote at least 800 years B.C., gives us in his immortal Odyssey and Iliad a picture of rough and ready surgery being done on the battlefields in those fierce, half-mythical contests between Trojan and Greek which he describes. In the wars between Greece and Persia, about 500 B.C., one Onarilos and two of his pupils volunteered for service with the troops, the first army surgeons on record.

In the time of Adrian (A.D. 76) we read of tents and a corps of men set apart for the care of the wounded. Trajan, a few years later, on his punitive expedition against the Dacians, had with him a form of ambulance for his injured ones. Every soldier in the Roman army was supplied with a bandage. An army surgeon was attached to each cohort, eight or ten strong men rode with each troop, whose duty it was to keep behind the fighting line, and pick up the wounded; they had two stirrups on the left side of their saddles for the easier transport of their burdens, and carried water bottles, bandages, etc. For each life they saved they received a gold piece. The local inhabitants were expected to receive the wounded into their houses and care for them.

Economical as well as merciful motives have been at the back of this effort to succour the wounded. Where the wounded man is cared for and. so to speak, "repaired," the commander is enabled to use this same man twice. Looking back over the battlefields of the world, we see, though, that it is the suffering of these wounded, the ghastly aftermath of disease and pain that war leaves in its wake, that lends to it its awful significance, that rouses in every breast the burning desire to alleviate this suffering by whatever means lies in that individual's power.

Moved by this spirit of mercy, Pope Leo VI., in 928 A.D., organized a special body of men for the purpose of succouring those who were wounded in the fierce conflicts raging at that time in almost every part of Europe. The Order of St. John of Jerusalem was founded in 1048 A.D., when the struggle between the Cross and the Crescent was being waged. Godfrey de Bouillon ordered a constitution for this order of chivalry, the order of the "Knights Hospitallers of St. John of Jerusalem," who, to the conventual vows of poverty, chastity and obedience, added the duty of caring for the sick. Pope Paschal II. finally established this order in 1113 A.D., and dedicated it to the service of mankind. Its habit was a black robe and cowl with a cross of eight points (4 arrow heads reversed) in white linen on the breast. Its motto was "Pro Utilitate Hominem." Originally, these knights not only

performed the duties of the present-day Army Medical Corps, but were also combatants. However, Saladin allowed them to enter Jerusalem on a neutral footing to attend to their wounded comrades who were his prisoners. This order is still in existence, though, of course, secularised and widened. The headquarters of the English branch are at St. John's Gate, Clerkenwell, London. All who volunteer for special service during time of war are recruited through its channels, and are known as the St. John's Ambulance Brigade. There are courses of training given under its auspices all over England to both men and women in first-aid work. It bestows a decoration, a Maltese Cross enamelled white and edged with gold, on any person who renders conspicuous aid to sick or wounded.

The first really organized ambulance service, in the true sense of the word, was the creation of a woman, "Isabella of Castile." Touched by the sufferings of the soldiers in her husband's army fighting in the civil war then being fought in Spain over the succession to the throne, she sent to the camp, tents, furniture, physicians, etc., with the express stipulation that no charges were to be made to any patient. Historians of the time (about 1469 A.D.) record that the "Queen's Hospital" comprised nearly 400 wagons with awnings, and that the wounded were not left to the care of those highly improper persons who usually followed armies, but were nursed by "honest matrons." These wagons were called "ambulancias," the first use of the name, which was not taken into general usage until the Crimean War. This service was a mobile one, and could follow the army and treat the wounded where they fell. Unfortunately, this was an isolated effort, and after its day the care of the wounded fell back again to the usual handful of barber-surgeons and camp followers.

Between the 13th and 14th centuries a new feature presented itself to those who cared for the wounded in warfare. Until now wounds incident to hand to hand fighting and arrow wounds formed the material for surgeons' work, but now cannon came into use. Bombards and mortars were the first type of cannon used, their projectiles being originally roughly-shaped stones. The success of these led to gradual improvement in their manufacture, and also to the invention of the portable firearm to knock down men, in the same way as longer pieces were used to knock down walls. In 1446 A.D. the first guns, arqubuses, were used by the English army. These discharged small stones or bullets through a tube; then the flint lock came into being; then the fusil, and at the beginning of the 19th century the rifled musket barrel carrying as far as 300 yards. The bullets used by these primitive firearms were round, heavy, clumsy things, and caused much bruising and contusion at point of entry, giving rise to the general opinion that such wounds were poisoned by the gunpowder. Ambrose Pare, the great

French surgeon, was the first to combat this idea. He accompanied the army of Francis I. in its campaign in Piedmont in 1536. Instead of using hot oil in the treatment of gunshot wounds, as was the practice of the day, he used a simple bandage. He also advocated ligaturing for the large arteries, a method which made amputation on a large scale more possible than it had ever been before. Until Richard Wiseman, called the "father of English surgery," advocated amputation in the case of gunshot wounds before the onset of fever, it was only resorted to as a last sad hope. He was surgeon to James I. and Charles I., and was with the Royalist troops during the wars of the Commonwealth in England.

About the middle of the 18th century Frederic the Great of Prussia and the King of France were engaged in what is known as the "Seven Years' War," and during this war, by mutual consent of the allied nations engaged on each side, all the medical staff were treated as neutrals, and were strictly non-combatant. Later, during the Napoleonic wars, the surgeons-in-chief of the armies organized a fairly efficient service on a neutral basis. During this century great strides were made in the army medical services; schemes were prepared for establishing dressing stations, temporary hospitals, etc. Still things were in a very embryonic and unsatisfactory condition. Wounded soldiers were left on the field unattended until after the fighting—it might be the day after the fight or later before surgical help or, indeed, any help reached them. The French army was the first to organize a system of "flying" ambulance carriers. Other nations adopted similar systems, and in the British Indian army a special caste of bearers did the work. Everyone will recall Kipling's "Gunga Din" in this connection. The army organizations of the various nations advanced rapidly in efficiency, but complaints and charges were frequently made of treachery and attacks on the ambulance and medical staffs of the armies. Then the three branches (first aid, transport, and hospital) of the service did not work harmoniously. The transport of medical stores was the great difficulty then as now, all available transport being needed for the fighting force and supplies. I think it was Napoleon who made the apt, if inelegant, remark that "an army marches and fights on its belly," and often the wagons and supplies intended for the medical service were diverted from their original use to that of the general army. In the South African War this same difficulty was often experienced. I remember being quartered in a small village some 150 miles from the railway. All supplies had to be brought up by bullock or mule wagons. We had a large garrison to feed, and also formed a base for another garrison 100 miles further up country. This meant the transport of an enormous amount of food and supplies of every description, and very often the hospital was sans dressings,

sans drugs, sans everything, in fact! And we had to exercise our bumps of resourcefulness to find substitutes for instruments, dressings, etc. I have seen a leg amputated with P.M. instruments, stitched up with strong sewing cotton (boiled), dressed with an old nightdress of my own (also boiled), and bandaged with strips of sheeting. In spite of this makeshift treatment, nearly all our wounds healed by first intention. To-day, of course, with the improved methods of locomotion, rapid motor ambulances, wagons, etc., this difficulty will be largely overcome.

Sir James McGrigor was chief of the medical staff of Wellington's army. He arranged good hospitals and an efficient staff of workers for them (men of course), and, in addition to this, realized the necessity of paying special attention to the general health of the troops, sanitary arrangements, etc.

The discovery of anaesthetics and antiseptics revolutionized the hospital treatment of wounds. The army surgeon of to-day, unlike his predecessors of centuries ago when sword cuts and arrow heads caused haemorrhage to be the great danger, is now concerned with the prevention of sepsis. The choosing of a healthy site, the sanitary arrangements of camps, the water supply, the food, clothing, etc., of the soldier, all now come under the supervision of the medical corps. The truth of the old saying, "Prevention is better than cure," has been so universally acknowledged. The branch of the service which was taken on sufferance, almost despised, certainly looked on as of the least importance by other branches, is now considered of the utmost importance.

A scourge of former wars was Tetanus. During the Indian mutiny and the Crimea it was very prevalent. In the Transvaal it was practically unknown, showing the enormous advantage of early treatment, sterile field dressings, and rapid transport. In this present war, from several accounts I have read, there seems to be a rather surprising number of cases developing Tetanus, but with the knowledge we now have of its cause and treatment, the use of anti-tetanic serum, and the various drugs which are now used to relieve the contractions which are such a distressing symptom of the disease, it is no longer such a hopeless complication to combat as it was 50 or 60 years ago. Dr. Helme, the French surgeon, in an article published a few weeks ago and which has been widely quoted, shows that if the science of war, of killing and maiming men, has made great advances in the last 50 or 60 years, the science of healing these wounds has not lagged behind. Statistics show that the percentage of recovery from wounds is more than 50 per cent. greater than during the Crimean War. He notes three great changes in the principles upon which those who minister to the wounded in battles must work. The days of rapid, rough and ready military sur-

gery, of bullets extracted, limbs amputated on the battlefield have gone by. Modern surgery, with its elaborate technique, its audacity of scope, demands too great attention to details, too perfect an environment, and too much time to permit of its being practised amid the din of the battlefield. The fate of the wounded soldier, judging by the most recent wars, is settled as soon as he is wounded. The enormous velocity of the present-day bullet makes a clean-drilled hole through whatever part of the body it strikes. If a large artery is struck, death from haemorrhage soon ensues, or instantaneous death if it touches one of the few vital places in the human body. Of course, wounds caused by shrapnel or by splinters of exploding shells are more complicated.

Every soldier carries, fastened in the lining of his tunic, an emergency dressing, which is applied as soon as he is hit, either by himself or a comrade. This dressing consists of a large triangular bandage, two safety pins, and a pad of aseptic gauze—absorbent. Plainly worded instructions are printed, in large type, on the outside of this package. Instinctively, a wounded man, if at all able, will drag himself away from the firing line, or will, perhaps, be helped by comrades less seriously injured than himself. In this way little "nests of wounded are formed," says Dr. Helme, "to which correspond nests of assistance. Here the medical students and young doctors have congregated in the midst of the troops, provided with morphine to lull pain, caffeine to stimulate the heart, and serums to repair the tissues wasted by loss of blood." His case is roughly diagnosed, and a ticket pinned on his coat indicating whether he is to be transported to a hospital or left where he is. Any cases that are too severely wounded to be moved are almost always hopeless, and these are made as comfortable as possible under the circumstances. This seems dreadful, but war is war, and under its horrible stress things must be done that would be impossible under normal conditions; the stretcher bearers cannot waste their energy, which is needed for the man who is likely to get well and be of use again, on a hopeless case. If the ticket indicates that a man has to be moved to the dressing station in the rear of the fighting line, he is carried there by trained bearers on a scientifically arranged stretcher. Here they are hurriedly examined, but nothing is done except what is absolutely necessary, dressings reinforced, stimulants or sedatives administered, fractures roughly splinted, etc., cases more distinctly classified and arrangements made for their further transportation by motor ambulances to the base or clearing hospital. Here there are beds and orderlies, but usually no women nurses. Emergency operations are done here, the patients are given nourishment, etc. From here they are cleared as speedily as possible, often by specially constructed trains, to a place where surgeons, nurses and all the latest appliances of an up-to-date hospital are to be found. The environment and con-

ditions indeed being almost as favorable for recovery as in a well-ordered city hospital. Here they are either nursed back to health and return to the fighting line, or, if necessary, sent by train or ship to home depots or convalescent homes.

The feeling that horrors and suffering are inevitable in war built up a barrier of prejudice, ignorance and lethargy, against which the pioneers of ambulance work had to fight. But it has been shown that the wounded can be collected by proper organization, cared for, fed and distributed to different points with almost as much certainty as victims of any disaster that may occur in peace times.

And now to consider the part that woman has played, and is playing, in this work of mercy. We have seen that when a man falls he needs four things—

1st. First aid, or treatment of a temporary nature—this is given by comrade or stretcher bearer if he is unable to help himself.

2nd. Transport to where he can obtain further emergency aid—this he gets by being carried on a stretcher, or if he can walk, being guided to the dressing station in the rear of the fighting line.

3rd. Transport again to a place where he can rest and be fed and receive more detailed help. This is obtained at the field or clearing hospital.

4th. Transport to what is known as Stationary or Base Hospital, usually on a line of communication, where he can be properly attended, necessary operative work done, and where he can rest and be cared for until well.

This he gets at the Base Hospital, which (unless the area of active fighting is constantly shifting, when the Base Hospital by force of circumstance may become the dressing station) is the first line where women nurses are stationed.

Until the Crimean War the Religious Sisters of the various uncloistered orders were the only women who did any organized nursing during war; certainly there were the soldiers' wives and the usual undesirable followers of every army. When the Crimean War broke out, the question of sending female nurses was discussed, and it was decided not to send any, because of the only class of woman available.

Of far wider fame than that of the most distinguished general or leader, the name that stands out, par excellence, in connection with this war, is that of Florence Nightingale. She has been called the "Mother of Nurses"; she certainly was without doubt the foundress of all organized army nursing. Our French allies in the Crimea were cared for by the Sisters of Mercy, who, in convents all over France, had been trained in sick nursing, and these women had now left the seclusion of their quiet cloisters for the scene of battle. This made the uncared-for

condition of our own men more conspicuous. Appeals were made by the noted war correspondent, Mr. William Russell, and the wives of officers who were at the front sent home harrowing accounts of the distress which they were unable to alleviate. Mr. Sidney Herbert, head of the War Department, suggested Miss Nightingale as the one woman in England who was fitted to organize a nursing staff. She had studied at Kaiserswerth, in the Deaconess Hospital, and had also worked in England. It is significant to note that Mr. Herbert's letter asking her to accept this work crossed one from her to him volunteering her services. On October 21st, 1854, she and her staff of thirty-eight nurses left London for the front. There were Roman Catholic Sisters, Anglican Sisters, and secular nurses in her party. We know what difficulties this intrepid little band had to encounter. At Scutari they found the huge barrack hospital overflowing with sick and wounded; the wards and even the corridors from the cellar up were packed with the poor fellows, and every hour they poured in, in an unceasing stream, in many cases dead and dying lying touching each other, the surgeons so busy that they could only attend to the most hopeful cases, leaving many to die untouched and uncared for. Numberless cases were saved by the careful nursing of these brave women; and how their arduous fight resulted in producing order from the chaos they found awaiting them at Scutari is a matter of history. Not only in the wards, but in the kitchens, in the proper preparation of nourishing food for the invalids, and in overlooking the stores of clothing, the laundries, etc., was their work invaluable.

After the war the gratitude of the British nation had to express itself in some tangible way, and the sum of £50,000 was subscribed. With this fund was founded the "Nightingale School" at St. Thomas' Hospital for the systematic training of women of the better classes as lay nurses. Before 1860, hospital nursing was considered to be a calling which no decent woman would follow, and it is mainly through the exertions of Florence Nightingale that the hospital nurse has reached the proud and honorable position she now occupies, not only in Britain, but in every civilized country. Not only does the wounded soldier owe her an enormous debt of gratitude, in that she made it possible for him to be nursed as he is to-day, but also the civilian owes her the same debt for the creation of the trained nurse. Her example also led to the establishment by American women, during the Civil War, of the United States Sanitary Commission, which did wonderful work, not only useful during the actual war, but also of enormous value in all later considerations of this branch of warfare, and proving to officialdom how necessary was voluntary and civilian aid to support the state arrangements. The work of the commission on the field and in the hospitals, in alleviating suffering and saving life

by introducing reforms, saved hundreds of lives that would otherwise have perished. Hospital trains and ships were used by them, diminishing the horrors of travel for the wounded. Depots of supplies were established in several military establishments, also feeding stations and temporary hospitals along the line of march, and neither pains nor money were spared in caring for the soldiers. When battles were imminent, preparations were made for the care of the wounded, the burial of the dead, and the discharge of all the unexpected and unpleasant duties rendered necessary by these conditions. In this connection we must not forget that America also has a "Lady with the Lamp"—"Mother" Bickerdyke, as she was affectionately called. Miss Levinson says of her in her "Story of the Civil War": "Wherever she went she had already achieved such a reputation for devotion to the men, for executive ability, and versatility of talent, that the spirits of the sick and wounded revived at the very sound of her voice, and at the sight of her motherly face."

In the Franco-German War, in 1870, Miss Nightingale's advice was frequently asked, especially by the German authorities, when organizing their nursing and medical corps. The great weakness of all these arrangements was in their lack of cohesion, their individuality, and this was only finally overcome by the founding of the Red Cross Society. M. Henri Dunant, a Swiss gentleman, appalled by the fearful carnage and disease among the soldiers during the Italian campaign, succeeded in gathering together an International Convention. This convention was held at Geneva, in Switzerland, in 1863. There were official delegates present from various governments and from philanthropic societies, including that of St. John of Jerusalem, and others interested in the subject. For four days they considered the problem of how to reconcile war and mercy. In 1864 a second conference was held at the same place, at which was drawn up a document, which has been well called "The Charter of the Wounded Man," and signed by all the delegates present. By 1868 all European States had signed this document. Since then there have been held several more conventions for revising and modernizing the articles of the charter. For instance, in 1899, at the Hague Peace Conference, it was extended to cover the requirements of naval warfare, and again, in 1906, all the powers signatory to the convention had a meeting of delegates, when some amplifications to meet the necessities of modern warfare were added, but they did not alter the text of the original document, which is, briefly, as follows:

Art. I. Ambulances and Hospitals must be recognized as neutral.

Art. II. The personnel of Ambulances and Hospitals must be respected as neutral while engaged in treating sick or wounded.

Art. III. These, in the event of the occupation of the place by the

enemy, must continue their medical work, or retire to the corps to which they belong. They must in that case be given free passes to their own outposts.

Art. IV. The stores of Military Hospitals are under martial law, and cannot be removed by the staff if they choose to retire; they can only take personal property. Ambulances, the word here applying to all movable and temporary establishments following the troops, retain all their material intact.

Art. V. That natives of the country assisting the wounded are respected, and commanders must inform them of this neutrality. The wounded cared for in a house serve as a safeguard; and their reception is taken in place of housing troops or paying war contributions.

Art. VI. That sick and wounded soldiers must receive impartial care to whichever side they belong. Commanders have the right to return wounded enemies to their friends if circumstances permit and both sides agree.

Art. VII. That a distinctive flag shall mark every medical establishment, and an armband be worn by all the personnel of the Ambulance Service.

Art. VIII. All details of the execution of the Articles of the Convention to be regulated by the Commanders of the armies.

The distinctive emblem chosen for flag and armbands, so familiar to the whole world now, was a red cross on a white ground, the Swiss flag reversed, this being chosen out of compliment to the country in which the first convention was held, and which was also the birthplace of M. Henri Dunant, the founder and originator of the scheme. The Red Cross Society is not a military organization, but works with and under the army in the field. Every nation has, of course, its own medical staff and ambulance corps as part of its army equipment, but all wear the badge of the Geneva convention. Every war calls for additional help, more hospitals, more doctors, more nurses. The details of the work needed have been sketched already in this paper.

First aid on the field, transport of the wounded, hospital trains, motor ambulances, home depots, convalescent homes, etc., the supply of extra clothing and comforts for the men, of dressings, bandages, hospital necessities—all these come under the Red Cross Society. Everyone familiar with its work and those who have read the history of past wars know the splendid work done on all the battlefields of the world by this society since its inception.

The British Red Cross Society can raise 55,000 men and women, if necessary. The majority of these would not be fully trained nurses, but they have had training in first aid, home nursing, invalid cookery, laundry and hygiene. All over England, for some years past, there have been bodies of men and women systematically trained. All the

country districts are mapped out and organized as units, these units to work as a whole when necessary. In a little Devonshire village I, last summer, saw something of this training. All the young women who chose, rich and poor alike, were formed into classes, and trained by the doctor and village nurse (a graduate) and had to pass a pretty stiff examination in the subjects mentioned before getting their badges. The young men received the same good training in first aid and general ambulance work. The schoolhouse was the place chosen to be converted into a hospital if the emergency arose, and every inhabitant of the village knew exactly what he or she would have to provide for its furnishing. In a very few hours the schoolroom could be converted into a fully equipped hospital; this housekeeper knew she would have to provide so many sheets; another, pillows; another, blankets; and so on; there would be a staff of nurses all neatly uniformed, the young men ready for duty as orderlies, stretcher bearers, etc., and all captained by the village doctor and nurse. The whole training of the voluntary aid detachment has been based on the principle of "making something out of nothing." When the South African War broke out there was a totally inadequate number of Army Nursing Sisters. For some time before this the necessity of creating a Reserve of Nurses, for use in the event of war, had been seen, and the Princess Christian Army Nursing Service Reserve was organized in 1897. It was not received with much enthusiasm, and when war was declared there were only 100 nurses on its rolls; before the end of the war there were more than 1,000 enrolled and on active service. After the war the regular Army Nursing Service was reorganized under the name of "Queen Alexandra's Imperial Military Nursing Service, with a constitution as follows:

"The Q.A.I.M.N.S. consists of a matron-in-chief, two principal matrons, matrons, sisters, staff nurses; also such non-commissioned officers and qualified orderlies of the R.A.M.C as have been specially recommended. A candidate is required to enter as staff nurse. She must be between 25 and 35 years of age, and possess a certificate of not less than three years' training and service in a civil hospital having not less than 100 beds. She must be of British parentage, and will be required to satisfy the Nursing Board that as regards education, character and social status she is a fit person to enter the Q.A.I.M.N.S.

Pay: Matrons, £75 to £150; sisters, £50 to £65; staff nurses, £40 to £45.

Allowances are given for board and uniform. Pensions are given after 20 years. Further particulars can be obtained by writing to the Matron-in-Chief, at the War Office, Whitehall, London, S.W.

In 1902 the Army Nursing Reserve was also reorganized and is now known as the Q.A.I.M.N.S. Reserve. Candidates for this have to

possess the same qualifications as candidates for the Regular Service. They receive no pay unless they are called up for duty.

In the navy there is a special branch of nursing, known as the Q.A.R.N. Nursing Service. Foreign service is obligatory. The members have to show, not only a certificate of training, but favorable reports from superintendents; they must have some administrative ability, and show general fitness to take charge of naval hospitals.

The "Territorial Force Nursing Service" is an important arm of the Army Nursing Service. There are 23 general hospitals of this force in the United Kingdom, all fully equipped with nursing staffs. The nurses put in a few weeks of annual training with the territorials, on the same plan as the Canadian Militia Nurses here. The full number of nurses forming these staffs would not be called up at the same time. The nurse who applies for appointment in this service must be fully trained, and must sign an agreement to serve anywhere she may be sent, whether for home defence or foreign service. They learn discipline and army rules, etc., in their annual training, and are well prepared to face any hardship.

There is yet another body of trained women who are on the rolls of the British Army Nursing Service, and this is the "First Aid Yeomanry Nursing Corps." These women are not all trained nurses, in the accepted sense of the term, but have had a thorough training in first aid, field sanitation, cooking, and hygiene. They are mounted, and can do everything for their horses, so are absolutely independent of orderlies. They have served during the manoeuvres at Aldershot, and are now, I understand, doing very good work at the front with the army. Practically all this elaborate machinery for the care of the wounded during warfare has grown up in the last fifty or sixty years. Before that, as I have tried to show in this article, there was no very definite or organized scheme for the purpose. Florence Nightingale and her little band of intrepid women were the embryo from which the present day Army Nursing Services and Reserves have grown. In every country this service is now in existence, and has become an important factor in the different armies. I have only considered the British service in this paper, because that is the branch that immediately concerns and appeals to us. In Canada a permanent Army Medical Corps was started in 1904 or 1905. It is only a small unit. I don't know just how many "Sisters" are employed in it, but every year there is a course of training in military work, open to any graduate nurse who enlists in the militia, and I believe there were, this spring, some fifty or sixty nurses trained in this way. Of course, when the war broke out, we all know nurses were as eager in flocking to the colors as the men, all ready to do their share in the defence of the

Empire, and Canada will have no difficulty in getting all the nurses needed for her contingents.

The Army Medical Corps is a comparatively recent institution too, as it only came into being in 1897. Before that there were surgeons attached to each regiment, but they had no separate unit, no corps of their own. Since the South African War this service also has been reorganized, and the R.A.M.C. officer ranks with any other regimental officer; his status is as clearly defined and complete as theirs. In these days, when so much work is done in preventive medicine, the training of the R.A.M.C. officer is very complicated, and a lot of valuable work has been done by them in discovering the origin and spread of various diseases which are now known to be preventible; by attention to sanitary matters, formerly disregarded or left to chance; by the discovery and destruction of the breeding places of insects, etc., which are known to be disease carriers; the use of various serums, etc. Indeed, to even roughly sketch the innumerable ways in which this branch of the service has made, and is making, itself invaluable to the army would take a whole volume.

War will always be grim, its horrors too ghastly to contemplate calmly, yet that they have been mitigated to a great degree I have striven to bring out in this paper. With the quick methods of transport, well constructed motor ambulances, hospital trains and ships; the putting up of drugs and medicine in tabloid form, so that quantities can be carried in very small space; the dressing stations, hospitals, etc., all staffed by trained and skilled workers; the increased knowledge that these workers have of dealing with the various complications that may arise; the audacity and enormous scope of modern surgery; all these things are brought to the help of the wounded man, so that his condition, compared to that, say, of the men who fought in Nelson's day, to go no further back, is wonderfully improved; yet the knowledge of this must not allow us to sit down with hands folded. There is an urgent call for help going up from all those wounded thousands in Europe to-day. Only a few are allowed the supreme privilege of giving in person, but there are numberless channels through which our help can be given; so that it is "up to us all to do our own little bit." Not one of us has any excuse for not answering in some way that call for help, and thus stand loyally by our Empire in her day of need.

A. H.

BLOOD TRANSFUSION IN INFANCY AND CHILDHOOD

A review of the work done on blood transfusion since the operation was made practical through the experimental work of Crile and Carrel reveals the fact that only within the last two years has it received attention as a therapeutic agent in the management of the various conditions in infancy. Recent experience confirms, in many instances, the enormous value of the introduction of fresh blood into the circulation, and, furthermore, it has emphasized its limitations.

When one considers the many facts about the blood, not generally recognized, which are known, and the many facts yet to be learned, one cannot help but realize the complexity of this tissue. Many diseases produce changes in quantity and quality of the blood, and these things are responsible for many diseased conditions. Failure on the part of the blood to modify its quality properly and adequately to meet the required demands in the various conditions is frequently responsible for the existence of disease, especially infections, such as septicaemia and pneumonia. It is only by a close study of this complicated substance, blood, in both normal and abnormal conditions, that one may gain a clear idea of the possibilities of blood as a healing agent. Further observations as to the mode of operation of the constituents of the blood in disease will suggest to us possibilities in modifying the blood of a donor or patient to meet the demands of the case, and thus make more potent the elements involved in overcoming disease.

These studies are necessary, not only that we may know when and how to apply blood therapy, but equally important that we may know when not and why not to employ it.

The broad indications for transfusion are based on the fact that transfused blood is a perfect substitute for blood lost in acute haemorrhage. In certain pathological haemorrhages (such as haemorrhage of the newborn) the blood has definite haemostatic properties, and in some secondary anemias it acts as a powerful stimulant to tide over a crisis in the disease.

In suppurative or infective conditions the indications for blood transfusion are many. In both of these diseases the blood elements are severely taxed, producing an anemia according to the intensity of the process, in this fashion lowering the child's resistance to the disease sufficiently to jeopardize life. By the introduction of blood into the child's circulation, one introduces resistance which cannot be obtained from any other form of procedure. In certain pathological haemorrhages transfused blood has a remarkable haemostatic effect. The bleeding in these cases is due to the lack of certain elements in the patient's blood. Transfusion corrects this deficiency, and at the same

time restores the blood already lost by the haemorrhage. In exsanguinated patients, to simply check the bleeding may not be sufficient to preserve life—transfusion is required to restore the cellular elements of the blood.

In haemorrhage of the newborn, a disease formerly credited with a mortality of from 50 p.c. to 75 p.c., transfusion stops the bleeding, restores the lost blood, and transforms a sick and often dying infant into a normal, healthy child. It is in this disease that our results are most striking.

Properly safeguarded transfusion is not a dangerous operation. The withdrawal of too much blood and the dilation of the recipient's heart are usually avoidable mishaps. The introduction of air bubbles, both large and small, contrary to the general opinion, causes no harm. The actual amount of blood transfused may be controlled in measured quantities, and the effect on the patient estimated by blood examinations before and after the operation.

Though the operation of blood transfusion is not a recent one, it has taken years to reach its present development, and by no means has the last word on the subject been said.

Many years ago surgeons succeeded in abstracting blood from an individual, "whipping" it to remove the fibrin, a clot, and injecting the defibrinated blood thus obtained into a patient. Esmarch practised this method in the Prussian army in the treatment of the wounded over forty years ago. Following this, many observers practised this form of transfusion, but as the method required the removal of the clot it may easily be seen that it had one great disadvantage, namely, that the whole fresh blood could not be injected into the circulation of the patient. Some twenty years later Von Ziemssen conceived the idea of withdrawing whole fresh blood from a healthy donor by means of a syringe attached to a hollow needle, and immediately injecting the blood by means of a hollow needle into the circulation of the patient before clotting could take place in the syringe. For a time this method apparently was not held in great esteem, as it was thought by a majority of workers that the possibility of clot formation in the syringe and needles, as well as the injury to the lining of the vein, represented too great a hazard to the patient.

Further investigation along this line resulted in the method known as direct transfusion, in which the cut end of an artery from the donor was joined by suture or special instruments to the cut end of a vein in the recipient. Carrel, of the Rockefeller Institute, and Crile, of Cleveland, have done the most notable work in this method and have obtained some brilliant results. The disadvantages of such a method, however, are the amount of technical skill required, and the

fact that an accurate measure of the amount of blood transfused cannot easily be obtained.

Such improvements in Von Ziemssen's method, however, have been made that the transfusion of blood through the agency of an intermediate receptacle bids fair to replace the somewhat complicated method of direct transfusion.

The method in use at the Hospital for Sick Children, Toronto, is based upon the modification of the Von Ziemssen method, as carried out by Lindeman, of New York. In the method used here all the apparatus is sterilized by boiling and lined with a coating of liquid paraffin to retard clotting of the blood, and special smooth blunt needles are introduced into the vein of the recipient and donor respectively. The needles have small rubber tubes attached to them to facilitate the attachment of the syringe. In the actual procedure ground glass syringes of 20 c.c. capacity are used. A syringeful of blood is withdrawn from the donor and immediately injected into the vein of the recipient through the above-mentioned needle. This is repeated until the required amount of blood has been introduced into the circulation of the recipient, as indicated by the latter's color and haemoglobin reading. In the intervals between the injections or withdrawals of the blood a little warm saline is allowed to trickle through the needles to clear them of blood, and thus prevent any obstruction forming by blood clot. In the matter of technical ease, control and dispatch, the syringe cannula method recommends itself as one of, if not the most efficient method of blood transfusion elaborated up to the present date.

Hospital for Sick Children, College Street, Toronto.

MATERNITY WORK AT THE BURNSIDE, TORONTO GENERAL HOSPITAL.

By Helen M. I. Kelley, Supervisor of the Burnside.

In all the work of a hospital there is probably no part which makes quite the same appeal to one's interest as that of the maternity department. Here it is not the work of correcting the mistakes of wrong living that occupies us, nor of trying to repair the injuries due to accidents and other causes; but it is the care of the new generation, the problem of eugenics—so far as it comes within the range of the hospital's activities—of seeing that children are well-born.

In no institution in Canada is there better provision made for the coming generation than in the New Burnside Obstetrical Department of the Toronto General Hospital. This special department has been

housed in a separate building on the east side of the hospital group and has been arranged, like every other part of this great institution, with all the improvements which specialists could suggest.

The wards are arranged to accommodate four or in some cases, five patients and all bright and cheerful rooms. On each floor eighteen patients can be cared for and when the weather is sufficiently warm, they can be taken, beds and all, out on the wide balconies placed at the south end of each floor.

Naturally the interest in this building centres around the nurseries, of which there are two, one being devoted to the semi-private floor; the other, the large general nursery which accommodates thirty-five babies, being on the second floor. On fine days the babies are all put out on the balconies where they sleep most soundly.

One feature of the work which is nearing completion, and which promises to be a most valuable and interesting adjunct to the present work, is the Premature Room.

This Premature Room will be the second of its kind in America. The room will hold four cribs which will be separated from one another by glass partitions. The temperature of this room, which must be kept at a comparatively high degree, will be regulated by a special heating apparatus, the system of ventilation being the same as that of the rest of the hospital. The babies never leave this room until they have developed approximately to normal, all feeding, bathing and other work connected with them, being attended to here. Observation of the room is effected by means of a glass panel in the door and no one, except the nurse in charge of the premature infants, is allowed inside, while during her period of duty, the nurse remains here constantly.

The main operating room, off which are the sterilizing and labor rooms, is on the second floor of the building. As soon as a patient is in labor, she is taken to the preparation bathroom. After being bathed she goes to the labor room, where the remaining preparations are made. In this room she remains until the time for the delivery, when she is removed to the operating room. This room, in which there are two delivery beds, is large and well lighted, while its equipment is complete in every particular. A second operating room on the third floor is used for the semi-private cases.

To guard against possible infection there is a ward which is entirely isolated from the other parts of the building and into this are put any cases which develop temperatures. The room is fully equipped with its own lavatory and sterilizing room. When a case is transferred to this room, a nurse is put in charge who does not go into any other part of the building.

No visitors at all are allowed. Patients are not permitted to re-

ceive visitors, neither are visitors to the hospital permitted in the Burnside.

Another important part of the building is the milk room. In this room the "clean" nurse sterilizes and prepares all the artificial feedings.

Method of Training Nurses.

The nurses spend three months in the Burnside, usually during their senior year. During this time classes in Obstetrics are held weekly and the nurses all spend a definite part of their time in each of the different departments, the work being arranged as follows:

1st. Two weeks on nursery work, bathing babies, etc.

2nd. Two weeks on the floor in charge of the mothers.

3rd. Two weeks in the operating room.

4th. Two weeks in "clean nurse" work, in charge of all feedings, attending to the nursing mothers and the preparation of the artificial feedings.

Final four weeks on night duty.

In addition to this training in the Burnside, the nurses spend two weeks in district nursing work (given in detail below). By this system highly satisfactory results are found to have been attained, the course giving the nurses an opportunity of applying their knowledge in a practical way.

Out-Patients' Service.

The need for an Obstetric Out-Patients' Service had long been recognized in Toronto, but the opportunity for starting such a service came only with the opening of the new hospital a year ago. There were three things essential to the formation of the service and to make it successful these three elements had to be in close proximity to one another. These were: A section of the city's population in need of practically free medical attention; a steady supply of students and house physicians to whom the experience gained in care of these people would be a sufficient compensation, and lastly, a well-equipped hospital in which the more serious abnormal cases could be delivered. These three conditions are fully met in the new hospital.

It is in close proximity to the "Ward," the section of the city in which congregate a large proportion of the foreign-born and the poorest element of the city's population—although the work is not confined to this district; the University of Toronto, close at hand, furnishes the necessary students; while the Burnside supplies the third need.

All cases wishing to be cared for by the hospital during their confinement, now come to the Out-Patients' Clinic on two days in the week, during their sixth or seventh month. Here the patient is given the option of coming into the hospital or of staying at home for her confine-

ment. If the latter alternative is chosen, the patient is given a card with instructions as to how to call the hospital when the first signs of labor appear. Her history is taken, and a thorough physical examination is made including pelvic measurements. She is advised as to how to take proper care of herself during the pre-natal period, and is cautioned to notify the hospital on the appearance of certain dangerous symptoms. She is also requested to report at the clinic once a month, and must, on no account, allow herself to go beyond her time. In addition to the care given in the clinic each patient is under the supervision of the Social Service Department of the hospital. This social worker detailed to the Burnside department investigates social conditions and gives pre-natal care and advice so very necessary to these patients.

When the call comes for labor, the house physician in charge of the out-patient department is notified and must leave the hospital within twenty minutes, taking with him a well-equipped obstetrical bag. This bag contains everything, properly sterilized, that is needed for a normal labor, as well as many things in case of emergency. Should the house physician, on arriving at the case, or later, find that conditions call for operative interference, he notifies the attending physician, who is responsible.

If the abnormality is considered too serious to conduct the case successfully in the home, the ambulance is called, and the case transferred to the Burnside. The house physician takes with him as assistant a fifth-year student. No nurses go to the normal labor.

Following the delivery, the patient is visited on nine successive days by a pupil nurse under the direct supervision of a graduate nurse, who takes a bag containing all things necessary for making mother and child clean and comfortable. She reports on the general condition of baby and mother and keeps a complete record of patients. The student also sees his patient frequently. On the ninth day the patient is examined, allowed up and discharged by the house physician if she is normal. Later she comes back to the clinic to report.

The cost of keeping up this service is relatively small and will be covered, shortly, by voluntary contributions from the patients. The growth of the service is already very gratifying and its future success depends on the ability to prove to the patients that they receive better care in the clinics than if they put themselves in the hands of midwives or poorly qualified practitioners.

Editorial

A HAPPY NEW YEAR.

The Canadian Nurse extends to its readers best wishes for a very happy New Year. Will each one not help to make 1915 a year of progress and success for The Canadian Nurse?

THE FLORENCE NIGHTINGALE MEMORIAL.

At this time when so much distress makes so many demands upon us, the nurses will learn with something of relief that the contributions for this fund have been abandoned for the coming congress. So many felt that, under present conditions, the contribution would fall short of what it should be, not that loyalty to the memory of Florence Nightingale is at fault, but that the call of distress seems to take precedence, and rightly so, surely.

It may be that the lessons taught us during this awful war will develop an appreciation of the work of this great woman, such as we did not know before.

But, however this may be, this fund should not be forgotten, but each and every Association should arrange some plan by which its members may take up the study of the "Life of Florence Nightingale," by Sir Edward Cook. For, after all, the response of the nurses to this call will be in proportion to their knowledge of and admiration for this woman whom we wish to honor.

May we suggest that each Association, or group of nurses arrange lectures, dividing the subject in some such way as this, to make a division of the work—early life, home life and associations, education, training for nursing, work in the Crimea, work for the British army, work for the emancipation of women.

If the nurses, by some such means, get an idea of the amount of work accomplished by Florence Nightingale, and of what we as nurses owe to her, there will be no doubt about the heartiness of the response to this fund, for the nurses will realize that a peculiar privilege is theirs, and that in honoring this woman, they honor themselves and help to place nurse education on the high plane it should occupy.

THE CRITICISM.

A number of rumors have come to us of untrained women having been sent as nurses with the first contingent. While this seemed impossible, owing to the very particular rules under which the nurses enlist for military service, yet it seemed wise to seek definite information, so that all doubts might be set at rest. Accordingly, we wrote the Secretary of the Canadian National Association of Trained Nurses, who had charge of the enrollment of the nurses. The Secretary sent us this letter, which we are very glad to publish, for it clears the situation entirely:

Military Headquarters, 2nd Division,
Miss Gunn, Secretary, Toronto, Ont., November 30th, 1914.
Canadian National Association of Trained Nurses.

Dear Miss Gunn:

With reference to the memo sent you by Miss Crosby, dated November 25th, 1914, I have to say that the letter sent her stating that untrained nurses were sent with the first contingent is quite in error; no instance of the kind occurred.

The Minister did send one young lady from the Hospital for Sick Children who was only a probationer, but she is not on the list of nursing sisters, and was sent not as a nurse, but as a companion and helper to two ladies sent from here to supervise the issue of comforts, etc., to the men of the first contingent (Miss Plummer and Miss Arnoldi). I should be obliged if you would correct this idea by publication of this letter in *The Canadian Nurse*, if you so desire.

I am, yours faithfully, J. T. Fotheringham,
Lt.-Colonel, A.D.M.S. 2nd Division.

ONE OF OUR MEMBERS.

It is with very deep regret that we learn of the death of Miss A. A. Hawley, who for some years has rendered such invaluable service to the Indians on the Reserve at Fort-a-la-Corne, Saskatchewan. Our readers will remember the articles on her work that Miss Hawley contributed from time to time.

Miss Hawley has been a member of The Canadian Nurse Editorial Board since the early days of The Canadian Nurse, and has always taken a keen interest in the magazine, doing much in different ways to help. We shall miss her willing assistance, her cheery word, her unfailing, buoyant faith, that ever stimulated to better endeavor. Her example of work, nobly and self-sacrificingly done, of a life lived for the benefit of others, is ours still. She, being dead, yet speaketh.

CORRESPONDENCE SCHOOLS.

We note in *The American Journal of Nursing* for October that the Kentucky State Nurses' Association is carrying on a vigorous campaign against these schools by sending letters of protest to magazines carrying their advertisements. Not only is a letter of protest to go from the Secretary of the Association, but a letter day is being planned when every member of the Association and others whose interest has been aroused, will send letters of protest to these magazines.

If the nurses of this continent co-operated in a plan of this kind, giving clear and definite reasons for the protest, these advertisements would disappear and thus many wishing to secure nursing education would not be diverted from the proper schools where they could secure it.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss F. M. Shaw, 91 Ontario St. W.
District Secretary—Miss M. E. Wand, 259 Peel St.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday 8.15 p.m.
Chaplain—The Very Rev. the dean of Quebec.
Superior—Mrs. Williams, The Close

It is sometimes forgotten that people do not leave the Church when they die. We are one body. Death is the open door into the hidden corners of the Temple of God. But we stand beneath the same roof, we utter the same prayers, we chant the same praises, until the day breaks and the shadows flee away. And, therefore, as they do not cease to pray for us, we cannot cease to pray for them. Our life is one, and the prayers of Paradise are the continuation of the prayers of earth. Our prayers on earth are the doorways through which we touch with trembling fingers the robes of our dear ones, and guide them to the haven of peace in safety where they fain would be. Will anyone dare to say this is irrational? Are not they irrational who would bid us find in the yearnings of our heart a dangerous superstition, and who would have us walk beneath the trees of the churchyard without these aids to devotion that bind us in union indivisible unto the souls that have passed beyond; who would check the sigh of hope, or the murmur of a prayer, lest haply we should be found to be saying words that have no place in our Anglican formularies?

I. A. V. MAGEE.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

The regular monthly meeting of the Board was held on Wednesday, November 25th, at the Nurses' Club, Sherbourne St., Toronto. There was a good attendance. A number of applications were accepted. After some discussion, it was decided that the Revised By-laws could not fully go into force until May, 1915. As there is some misunderstanding with regard to payment of fees, the Treasurer was instructed to send out notices to all members who have not paid this year.

We are pleased to welcome Miss Gunn, of Toronto General Hosp., as the representative of the Toronto Chapter to the Board. Another pleasing item was the news of the formation of a Kingston Chapter by the nurses of Kingston. We now have six Chapters of the Association.

The membership is steadily increasing, which is very encouraging to the directors. Owing to the very busy season on account of new duties arising out of the war, and no pressing business being at hand, it was thought advisable not to call a meeting of the Board for December.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Miss Phillips has so far recovered from her attack of typhoid that she has returned home.

Several members have left town for the winter owing to the work being so slack.

Miss K. Brock and Miss Ferrier are both ill, and we hope for their speedy recovery.

The monthly meeting of the Canadian Nurses' Association was held on Tuesday evening, December 1, 1914, at which Mrs. Weller delivered a very interesting paper on Woman Suffrage. She pointed out the many great advantages it would be if the franchise were extended to women, especially in the Province of Quebec, where the laws were so unjust.

The Red Cross group continues to do its work each Tuesday, and there is a large supply of bandages and dressings ready to be sterilized.

A SIDE LIGHT

It was spring when Kenneth McGregor, full of hope, moved out to the little prairie home with his bride. He had a good piece of land, very little ready money, but a fair knowledge of farming, so the future was bright.

Time went on and, one day, his wife was taken ill. Kenneth rushed out to get the doctor, only to find him away on a serious case twenty miles beyond. Wild with despair, he was rushing back, when he met Big Jem Pryce, the stage driver and general "information bureau" of the district. Hearing Kenneth's trouble, he said: "Kenny, my boy, I'll fetch that lady nurse who came last week, the one, you mind, the organizin' lady told us about at the big meetin' up to the Oddfellows' Hall," and he whipped up his horses and in record time was back with Miss MacIntosh—the newly-arrived nurse for the district. She stepped into the little log house, removed hat and coat, and in a deft, but quiet and collected way, attended to the patient and set the house in order. "Now, Mr. McGregor, make up a good fire, put on plenty of water to boil, and do not be alarmed; Mrs. McGregor will be all right, very soon."

Thus the trim little lady in blue took possession, and just as the first streaks of dawn appeared she presented the half-crazed McGregor with his son and heir. "Heaven bless you," he said, and the prayer was so sincere it could not fail but be answered.

Many calls came for the nurse, and were answered, and blessings followed her always. Wherever there was sorrow, or need of help, there the trim little figure in blue was to be seen, and, instinctively, the people sent for her instead of for the pastor. She taught them

how to live better, put heart into many a discouraged mother, and turned many a doubter back into the narrow way.

One winter evening she had returned to her little cottage after an absence of two very arduous weeks. She had put her little home to rights, had had supper, and was sitting by the stove reading, when there was a timid knock on the door. She thought it was someone who had come to take her to a patient, and she jumped up quickly, opening the door, letting in the snowy air. Big Jem Pryce stood there. She remembered him on several occasions, but now one night stood out before her—he had come for her one terrible night and she had driven miles in a storm with him to a shack, far away from any other. There they had found a young man who had been thrown from his horse and severely injured. She could now see the poor little shack, the face of the suffering lad, made still more pathetic by the poor light through a smoked chimney—and old Jem staring at her in a rapt way as she cared for the injured man. "Good evening Mr. Pryce, won't you come in? This is a terrible night to be out; who needs me now?" He entered, stood gazing at her and, after a moment, said: "Miss MacIntosh, I need you, will you have me?" "Will I—?" and, then, he stammered out his love and admiration for her and how impossible it would be to live without her.

At first the nurse was staggered, then inclined to be indignant, but as she looked at his honest, rugged face, and noted the tone of perfect sincerity in his voice, she said, oh, so quietly: "Mr. Pryce, I am very, very sorry, but what you ask is impossible. Please forget it." Then he knelt on one knee, and with all the gentleness and chivalry of a knight of old, he raised her hand, kissed it, and went out into the night.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

True friendship is a very helpful thing. We should have a high ideal of it, and never sully it by any failure in truth and sincerity. It beautifies life so much. Look for the best in your friends and give them the best that is in you.

HOSPITALS AND NURSES.

British Columbia

The Alumnae Association of Vancouver General Hospital held its regular monthly meeting at the Nurses' Home on Tuesday, November 3rd, at 8 p.m., Miss Judge, President, in the chair.

After the routine business was transacted Miss Breeze, Superintendent of School Nurses, gave a very interesting address on the school work she had seen and inspected in the East during May and June of this year. The Schools of Montreal, Toronto, Chicago, Boston and New York were amongst those visited.

The monthly meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, on November 4th, at 8 p.m. Owing to the absence of Miss Trew, Miss Breeze, First Vice-President, took the chair. The usual routine business was gone through, including the proposing of four new members, who were accepted.

Miss Blakeney then read from the October number of The Canadian Nurse Miss Pope's paper on "Army Nursing," which was given at the Canadian National meeting in Halifax, and was much enjoyed by all members.

Miss Elizabeth Cameron, graduate of Royal Jubilee Hospital, Victoria, has been appointed Health Inspector for the City of Vancouver.

The accommodation at the Chilliwack Hospital has been practically doubled by the addition of a large wing. Other improvements have greatly added to the efficiency of the hospital.

Manitoba

Miss Annie Colquhoun, who has been in Manitoba for the past two years, is leaving for the West, and after visiting friends in Vancouver and Seattle, will reside in Cloverdale, California.

On Saturday morning Mrs. W. G. Harrington, wife of Dr. Harrington, of Dauphin, died at Ninette, after an illness extending over several years.

Mrs. Harrington, who was born at Scarboro,. Ont., came West about 1895, living for a time at Carberry with her sister, the late Mrs. D. Pearson. Later she entered the Training School of the Winnipeg General Hospital, graduating as a nurse in the class of 1901. Since her marriage she had lived continuously in Dauphin, and had taken a deep interest in the women's organizations of the town. She had much to do with the organization of the La Verandrye Chapter of the Daughters of Empire and was its first regent. As secretary of the Women's Hospital Aid Society she also helped greatly with the work of that institution. Failing health compelled her some time ago to give up active

work in connection with these societies, but her enthusiastic interest and wise counsel will be greatly missed.

The Alumnae Association of St. Boniface Hospital: President, Miss Annie Starr, 753 Wolsely avenue, Winnipeg; 1st Vice-President, Miss Blanche Ledeux, 753 Wolsely avenue, Winnipeg; 2nd Vice-President, Miss Sykes, 254 Furky street, Winnipeg; 3rd Vice-President, Miss Jessie Tracey, 165 Maryland street, Winnipeg; Secretary, Mrs. Geo. MacDonald, 237 Donald street, Winnipeg; Treasurer, Miss Margaret Meehan, 753 Wolsely avenue, Winnipeg; Convener of Executive Committee, Miss Gordon, 251 Spadina avenue, Winnipeg; Convener of Sick Visiting Committee, Miss Stensky, 753 Wolsely avenue; Convener of Social Committee, Miss Fogarty, 753 Wolsely avenue. Regular monthly meeting, the second Thursday in the class room of St. Boniface Hospital, at 3 p.m.

Miss Bella Matheson ('10) and Miss Blanche Ledeux ('08) are doing staff nursing at the Ninette Sanitarium, Ninette, Man.

Miss Kate Whymks ('10), Miss Margaret O'Leary ('13), Miss Mary Dewar ('12) and Miss May McKeague ('13) are at the present time completing their course by taking a post-graduate course in New York.

Miss Ethel Clark ('11) and Miss Chisholm ('13) have entered the Misericordia Hospital in Winnipeg, of which Miss Harty ('08) is head nurse.

Ontario

The Local Council of Women of Peterboro held a Better Babies Contest in October. Over 200 babies were examined, and on the whole were all fine babies, the ages were from six months to three years. The examining doctors were assisted by the graduate nurses and a very thorough examination was given.

The Superintendent of the Nicholls Hospital and her nurses had charge of the nursery equipment and demonstrations of how to bathe and dress a baby. The visiting nurses demonstrated the care of bottles and preparation of food for bottle-fed babies, also the proper food for children up to three years.

Dr. McCullough, Provincial Health Officer, kindly sent down the Provincial Moving-Picture Exhibit. Dr. McCullough came down himself, but was unable to stay. Dr. Clinton, of Belleville, Medical Health Officer for this district, gave a talk to mothers on "Care of Children."

Miss Gertrude F. Reid, graduate Nicholls Hospital, Peterboro, left for Quebec on November 1st to enter the Quebec Military School for training. She was one of the first of our nurses to offer her services for the war, and hopes to be sent with the second contingent for overseas service.

The St. Joseph's Training School for Nurses in connection with

Hotel Dieu, Kingston, held its first graduation ceremony on the evening of August 31, 1914, when three nurses, Misses J. Lagree, A. Lagree and Carlton, received their diplomas. Dr. E. Ryan presented the diplomas, and Mrs. P. Devlin presented each nurse with a beautiful pin.

Dr. Ryan, the chairman, in his opening address, gave a brief history of the hospital since its foundation in 1845. He paid a high tribute to Hon. Dr. M. Sullivan, and regretted his inability to be present at this first graduation. Dr. D. E. Mundell also gave an address. Dr. W. Gibson addressed the class on "Advice," dividing his topic into three parts —tact, fidelity to duty, and patience. The Florence Nightingale Pledge was administered by Miss A. H. Donihee, R.N., Superintendent of Nurses.

Solos were rendered by Miss Mary P. Hinckley, Miss P. Devlin, Mr. C. Harvey and Miss Christine Cochrane.

A dance was tendered the graduates and pupils by Mrs. P. Devlin at her home, when a very enjoyable evening was spent.

Brantford is to have a contagious hospital.

A smallpox hospital is in course of erection at St. Thomas. It will be opened early in the year.

The Gerard Maternity Hospital has been established at 52 O'Brien street, Orillia, by Miss Margaret Yeats, a graduate of St. Michael's Hospital, Toronto. Miss Fawcett will be associated with Miss Yeats.

The regular meeting of the Florence Nightingale Association was held December 1, 1914, at 8 p.m., at the Nurses' Club. There was a fair attendance. After a short business meeting the nurses enjoyed the balance of the evening socially, playing cards and having some music, after which they adjourned to the dining room, and all enjoyed a delightful supper.

As our meetings are only held now every second month, the next meeting will be on the first Tuesday in February, at 8 p.m. We do hope every nurse belonging to the Association will feel it her duty to attend.

Officers of Toronto Chapter of the Graduate Nurses' Association of Ontario: Chairman, Miss Dyke; Vice-Chairman, Mrs. Clutterbuck; Secretary, Miss M. E. Jewison; Treasurer, Miss Charters; Programme and Social Committee: Miss Anderson, Convener; Miss Teeter, Miss Knisely; Press and Publication: E. J. Jamieson, Convener; Mrs. Aubin, Miss E. M. Paul; Representative to G.N.A.O. Board, Miss Gunn; Representatives to Local Council of Women: Misses Gunn, Mathieson, Potts, Flaws and O'Connor; Legislation Committee: Misses Pringle, Crosby, Cooper, Connor, Panton and Jewison.

The meetings will be held January, March, May, September.

London: The Victoria Hospital Alumnae Association held its last Tuesday meeting at the home of Mrs. Walter Cummins, when the mem-

bers were entertained by Miss Mae Vicor and Mrs. Cummins. There were a goodly number present, and they mingled pleasure with Red Cross work. The ladies were very industrious in their knitting of scarfs for the boys at the front.

Collingwood: Miss Morrow, graduate of Collingwood G. & M. Hospital, who for the past year has been nursing in Port Arthur, spent a few days at the Nurses' Home. Miss Morrow intends returning to Fort William after Christmas to take up private nursing there.

Miss Burkholder spent a few days at the Nurses' Home last week, renewing old acquaintances.

Miss Carr spent a week in Midland with Miss Robinson, Superintendent of the Hospital.

There was no Alumnae meeting this month (December) as most of the nurses were out of town.

Miss J. Harrison, graduate of Grace Hospital, Toronto, 1898, after spending the summer in Toronto returned to Chicago on November 5th where she expects to take up her work again.

The annual meeting of the Graduate Nurses' Association of Thunder Bay District was held December 3, 1914, at St. Joseph's Hospital, Port Arthur. All the officers of past year were re-elected, as follows: President, Mrs. (Dr.) Cook; First Vice-President, Miss Patterson; Second Vice-President, Miss Johnston; Sec.-Treas., Miss L. Regan, St. Joseph's Hospital, also Representative on The Canadian Nurse Editorial Board; Executive Committee: Misses Guiry, Sherrat, Stewart and Bradley.

Miss Bradley has gone to Quebec to take a course in military nursing. She has instructions to be ready when called for active service.

Miss Guiry, graduate of St. Joseph's Hospital, who has been visiting at her home in Lindsay for several months, has returned to Port Arthur to resume her work as a private nurse.

Miss Lemier, graduate of St. Joseph's Hospital, Port Arthur, is at present a patient in St. Mary's Hospital, Rochester, where she has had an appendectomy.

Miss Wiggins was called to her home in Sarnia owing to the serious illness of her father.

The Thunder Bay Graduate Nurses' Association has contributed to the Hospital Ship Fund and the Red Cross work through the local Patriotic Society and the Women's Canadian Club.

The Toronto Western Hospital Alumnae Association met on Friday, December 4, 1914, at the Nurses' Residence, 24 Roseberry avenue.

Dr. Heggie gave a most interesting paper on "The History of Nursing" up to the time the Lady with the Lamp took up the work. He spoke briefly of the great changes made by her in the profession.

The Alumnae Association decided to continue its weekly meetings

for making pneumonia jackets for the Red Cross Society.

Five dollars was voted to the Star Santa Claus Fund, and an amount was set aside for the Florence Nightingale Memorial Fund in which all nurses feel such a personal interest.

Miss Beckett, graduate of T.W.H., who spent the summer in Western Canada, has resumed private nursing in Toronto.

The St. Michael's Hospital Alumnae Association, Toronto, held its regular meeting on Monday, November 9th, at the home of Miss Connor, Bathurst street. The retiring President, Miss O'Connor, presided. After the disposal of business all adjourned to the dining room, where refreshments were served. There was an unusually large attendance.

On November 25th a splendid concert was given at St. Michael's Hospital. Many of the graduates availed themselves of the kind invitation to be present. The Remington Minstrels gave a very funny show, with some good music. This was followed by patriotic songs and a couple of readings. The singing of "God Save the King" brought a very pleasant evening to a close.

Hamilton: The annual meeting of the Alumnae Association was held December 1, 1914. At the conclusion of the regular business, a motion was passed to appropriate $20 towards purchasing material to be made into supplies for the soldiers. To accomplish this work all the graduate nurses are invited to attend a meeting to be held every Tuesday afternoon in the "Residence" of the H.C.H.

The following officers were appointed for 1915: President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant avenue; Treasurer, Miss A. Carscallen, 176 Catherine street north; The Canadian Nurse Representative, Miss Bessie Street, 176 Catherine street north; Committee, Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

Miss Mumaw has been appointed one of the nurses on the tuberculosis staff of the Health Department, Cleveland, O.

Miss Sampson, graduate of H.C.H., who accompanied the first contingent, is now stationed in a hospital in France.

The committee for the Central Register is as follows: Convener, Miss Coleman; Treasurer, Miss B. Sadler; President of Alumnae, Miss Laidlaw; Misses A. Kerr, Emerson, Hulme, and O'Connor; Registrar, Miss Insole, 201 Jackson street west.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the Club House, Monday, November 9, 1914. Mrs. Ballantyne presided in the absence of the President, Miss Moore, who is in Quebec.

The final arrangements were made for the annual Dolls' Social, to be held December 9th.

Nineteen nurses took the November course at the Military Hospital, Quebec, and all were successful in passing the final examinations. The following nurses from Ottawa were among the number: Miss Moore, President of the Ottawa Graduate Nurses' Association; Misses Ray and Kinnear, of the Lady Stanley Institute; Misses Brankin, Hunter, Reardon and Turcotte, of the Ottawa General Hospital, and Miss Watson, of St. Luke's.

At the regular monthly meeting of the Ottawa General Hospital Alumnae on December 4th, a very interesting paper on school nursing was read by Miss Leyden.

The regular monthly meeting of the Central Registry Committee was held at 295 Sherbourne street, Monday, December 7th, at 3 p.m. In the absence of Miss Wardell, Convener, Miss Pringle occupied the chair. Thirteen members were present. Seven applications were considered, four of which were accepted.

The committee decided to give $50 for Christmas cheer, divided between six different charities, and five dollars to the Belgian fund, and $300 to the Central Registry Extension Fund, as in former years.

Calls for November, 237, 22 less than November, 1913.

There are 164 nurses on call.

Fees received during the month, $275; sale of charts, $7.15; disbursements, $158.50; total balance in bank, $1,806.85.

The Graduate Nurses of Peterboro contemplate forming a Central Registry, and have written the Registrar of the Central Registry, Toronto, for information and suggestions.

Quebec

Miss Colchester, class '03, R.V.H., Montreal, who has been in England and the Continent for some years, has been appointed Supervisor of the nurses from Guy's Hospital, London, who are to go to the front. Miss Colchester is an accomplished linguist, which makes her services in this capacity of great value.

The Alumnae Association of the R.V.H., Montreal, has had some interesting letters from its nurses at the front. Two were read from Miss Clint at the last meeting. She, with nearly all of the R.V.H. nurses, was at Boulogne when last heard from; all well and glad to be at work. They cannot speak highly enough of the kindness of everyone to them while in London, especially of all in connection with St. Thomas' Hospital, where they were guests while waiting to be appointed to their fields of work.

The first annual meeting of the Graduate Nurses' Association of the Eastern Townships was held on November 10, 1914, in the Art Hall, Sherbrooke. Interesting reports were received from the officers and conveners of committees. The President, in her address, expressed her

gratification at the work accomplished, and hoped that as an Association we would have a broader outlook in future. The following officers were elected for next year: President, Miss Orford (re-elected); First Vice-President, Mrs. Morkill; Second Vice-President, Miss White; Secretary-Treasurer, Miss Hetherington (re-elected); Conveners of Committees: Programme, Miss Hornby; Social, Mrs. McKechnie.

The sympathy of the Association is extended to Miss Margaret Smith in the recent death of her father. Miss Smith, who is taking up her nursing duties again, has been for the past year with her father at their home in Red Mountain.

The new Sherbrooke Hospital, which was formally opened in October, a report of which was recently published in The Canadian Nurse, is a well equipped and up-to-date hospital. The old hospital, built about eighteen years ago, has been entirely remodelled. The X-ray rooms, dispensary and Superintendent's apartments are on the first floor, the maternity department on the second, and the operating rooms on the third. The new hospital, which faces Price street, has four bright public wards, with sun parlors opening off each. The private rooms, which were furnished by friends of the institution, are most attractive. The cost of the new building was $120,000. Miss Norma Lamb, a graduate of Stratford General Hospital, is Superintendent. Miss Edna Day, graduate of Sherbrooke Hospital, is Assistant, and H. Douglas Bayne, M.D. (McGill), resident doctor.

A Peculiar Request: "Will you please give mother a nut to put a spider in, as baby's got the whooping cough?" This peculiar request was made to a Tiverton shopkeeper recently by a little girl, whose mother believes that if she imprisons a live spider in a nutshell and ties it round her infant's neck the whooping cough will disappear when the spider dies.

The result of this treatment is not told, but spiders seem the last kind of insect to bring into contact with a child.

MARRIAGES

At Vancouver, B.C., on November 30, 1914, Miss Lucy Barr, graduate of Toronto General Hospital, class '10, to Mr. Ernest Archibald, of Vancouver.

At Winnipeg, on September 30, 1914, Miss Dorothy Crawley, graduate of St. Boniface Hospital, class '12, to Mr. Gordon Perry, of Regina, Sask.

At Boonville, Mo., on October 12, 1914, Miss Annie Brabant, graduate of General Hospital, Sault Ste. Marie, Ont., to Mr. Augustine Oswald, of Boonville.

On November 18, 1914, at 566 Sherbourne St., Toronto, Miss Adeline A, Carnochan, graduate of Grace Hospital, Toronto, to Mr. Campbell A. McKeown.

On October 28, 1914, at Bond Head, Ont., Miss Jean Wood, graduate of G. & M. Hospital, Collingwood, class '14, to Mr. Fred Watt, of Collingwood.

On September 16, 1914, at Winnipeg, Miss Bessie Matheson, graduate of St. Boniface Hospital, St. Boniface, Manitoba, class '11, to Mr. Geo. F. MacDonald, of Winnipeg.

At Toronto, on November 21, 1914, Miss Alice B. McLeod, graduate of Toronto General Hospital, class '07, to Dr. Geo. Greenway, of Hamilton, Ont.

At Buckingham, Que., on November 28, 1914, Miss Brerman, graduate of Ottawa General Hospital, class '06, to Mr. Oscar Martin, of Buckingham.

In Toronto, on December 3, 1914, Miss Mabel Bell Henderson, graduate of New York Hospital, N.Y., to Mr. Murdock Black McDonald, of Toronto.

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Text-book of Anatomy and Physiology, for Training Schools and other educational institutions. By Elizabeth R. Bundy, M.D., Member of the Medical Staff of the Woman's Hospital of Philadelphia; Gynecologist New Jersey Training School, Vineland; formerly Adjunct Professor of Anatomy and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; formerly Superintendent of Connecticut Training School for Nurses, New Haven, etc.

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Chemistry for Nurses. By Reuben Ottenberg, A.M., M.D., Lecturer to the Nurses' Training School, Mt. Sinai Hospital; Instructor in Bacteriology, College of Physicians and Surgeons, Columbia University, and Assistant in Clinical Microscopy, Mt. Sinai Hospital, New York. Cloth, 12mo. $1.00 net.

The Macmillan Company of Canada, Ltd., Toronto, 1914.

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Lectures on Medical Diseases for Nurses. By David Forsyth, M.D., D.Sc. Lond., F.R.C.P. Lond., Physician to Out-Patients, Charing Cross Hospital, Physician to the Evelina Hospital for Sick Children.

Bailliere, Tindall & Cox, 8 Henrietta street, Covent Garden, London, England, 1914.

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J. B. Lippincott Company, Philadelphia and London.

This is a very complete treatise on this subject. The illustrations are good.

The Tuberculosis Handbook for Health Visitors and Nurses, also for the use of Social Workers, Heads of Families, and others. By A. H. G. Burton, M.D. (Lond.), D.P.H. Tuberculosis Officer Metropolitan Borough of Deptford. Illustrated.

The Scientific Press, Limited, 28 and 29 Southampton street, Strand, London, W.C., England.

This handbook gives clearly and concisely the main facts about tuberculosis in its different forms, its treatment, diet, etc. The last chapter gives the legislation enacted in Great Britain referring to tuberculosis.

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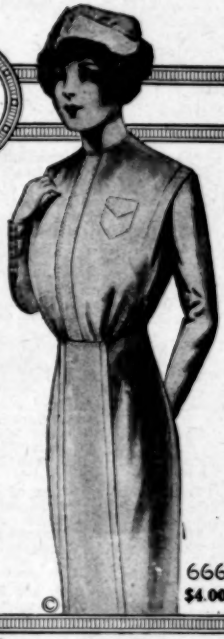

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